

Early Hearing Detection and Intervention Program
Indiana State Department of Health
Hospital/Birthing Facility
Monthly Summary Report

Instructions for Completing Monthly Summary Report (MSR)

The Monthly Summary report consists of three sections. The first section provides information that will allow the Indiana State Department of Health (ISDH) Early Hearing Detection and Intervention (EHDI) staff to contact you should the need arise. The second section provides statistical data that will help your facility and the EHDI staff to assure that no child who should receive a Universal Newborn Hearing Screening (UNHS) goes unscreened. The third section provides child specific screening details for children who are the exception.

Please carefully read the following instructions which detail how to complete the three sections of the MSR.

Contact Information:

Date – the date that you are completing this MSR

Data Month/Year – the month and year (report period) for which this MSR is being submitted.

Hospital/Birthing Institution – the name of the reporting facility for which the MSR is being submitted.

Address – a mailing address where we may contact you concerning this MSR.

City/Zip – the city and zip code in which this address is located

Completed By – the full, printed name of the person completing this MSR.

Phone – a phone number where we may contact you concerning this MSR.

Fax – a fax number where we may send you information concerning this MSR.

Email – email address where we may contact you concerning this MSR.

Statistical Data:

1. Please indicate the number of live births that occurred in your facility during the month and year indicated in the contact information section above.

Specifically, if you are reporting on the month of

January in the year 2008, you would include in this number all live births where the child's birth date was between January 1, 2008 and January 31, 2008

inclusively. You would not include a child whose birth date was February 1, 2008 even if you are completing the MSR on February 15th. (All MSR's are required to be completed no later than the 15th of the month following the month being reported upon.)

2. Please provide the number of children born at home who were screened at the reporting facility during the reporting period.

3. Please provide the number of children neither born at the reporting facility nor at home who were screened at the reporting facility during the reporting period (Walk-ins).

Exception Reporting Form:

One of the goals of the Early Hearing Detection and Intervention (EHDI) program is to assure that all children born in Indiana receive a UNHS before they reach one month of age. To accomplish this goal, the EHDI staff has implemented a follow-up process for those children who have not been successfully screened, did not pass UNHS, or those who are at risk for late onset hearing loss.

Header Information:

Facility – Print the full name of the reporting facility

Month – The month for which MSR information is provided

Year – The year for which MSR information is provided

(Instructions Continued)

Exception Reporting:

To assure that no children are missed in this follow-up process it is essential that any child meeting one of the following criteria be accurately recorded on the EHDI/UNHS Exception Reporting Form:

Criteria:

- 1) **Death** – children born at the reporting facility, during the reporting who died before or after receiving UNHS.
- 2) **Transferred Out** – children born at the reporting facility, during the reporting who were transferred to another facility before receiving UNHS. (Make certain to identify the name of the facility to where the child was transferred.)
- 3) **Hospital Error** – children born at the reporting facility, during the reporting period who were not screened because of hospital error (discharged without an initial screen or re-screen).
- 4) **NICU** - children born at the reporting facility, during the reporting who were not screened because the child was in the NICU.
- 5) **Unauthorized Refusal** - children born at the reporting facility, during the reporting who were not screened because the parents refused to have the child screened for any other reason besides Religious Refusal.
- 6) **Religious Refusal** - children born at the reporting facility, during the reporting period who were not screened because the parents refused to have the child screened due to religious reasons. (Please attach a copy of the completed "Religious Waiver for Universal Newborn Hearing Screening" form.)
- 7) **Equipment Failure** - children born at the reporting facility, during the reporting who were not screened because of equipment failure at the reporting facility.
- 8) **Rescreen Next Month** - children born at the reporting facility, during the reporting period who were initially screened during the reporting period but who will require a re-screen during the next reporting period.

- 9) **Initial Screen Next Month** - children born at the reporting facility, during the reporting who could not be screened during the reporting period (such as late month births) who will be screened during the next reporting period. (Do not include NICU babies.)
- 10) **Transferred IN** – children NOT born at the reporting facility, but who were transferred into the facility during the reporting period but who have not yet received UNHS from the reporting facility. (Make certain to identify the name of the facility from where the child was transferred.)
- 11) **Passed** – children previously reported on the exceptions form, who were subsequently screened by the reporting facility, who passed UNHS and who were not at risk for late onset hearing loss.
 - a. Previously reported as Not Screened (Criteria 2 – 9)
 - b. Previously reported as Transferred IN (Criteria 10)
- 12) **Passed At Risk** – children previously reported on the exceptions form and were subsequently screened by the reporting facility, who passed UNHS but who may be at risk for late onset hearing loss.
 - a. Previously reported as Not Screened (Criteria 2 – 9)
 - b. Previously reported as Transferred IN (Criteria 10)
- 13) **Did Not Pass** – any child who received UNHS at the reporting facility, during the reporting period who did not pass the screen.
- 14) **Did Not Pass At Risk** – any child who received a UNHS at the reporting facility, during the reporting period who did not pass the screen and who is at risk for late onset hearing loss.

It is possible that a child could be listed on the Exceptions Reporting Form because he or she meets more than one criterion. In this event, the criteria code that is most relevant should be entered. For example, if Baby Boy (born at Hospital A) was Transferred IN (Criteria 10) to the reporting facility (Hospital B) during the reporting period and was subsequently found to pass the UNHS (Criteria 11), then Baby Boy should be included on the Exception Report form as Code 11(Passed) with a “Facility Transferred In” value of ‘Hospital A’.

(Instructions Continued)

Following is a list of the data entry fields on the Exception Reporting Form and an explanation of what data should be entered into the fields.

Code – Criteria Codes 1-14 listed above

Facility Transfer IN/OUT – Reporting facilities who transfer a child out to another facility prior to completing UNHS must report the child with Code 2 and the name of the Facility to which the child was a “Transferred Out”. Reporting facilities who receive a child that was transferred to them from another facility must record the child with the Code 10 and the name of the facility from which the child was transferred (“Transfer IN”). It is the responsibility of both facilities to be sure that children receive UNHS.

Refer To – If a child met criteria 12, 13 or 14 and the reporting facility referred the child to one or more of the following, please indicate ALL that apply

- A. First Steps
- B. Primary Care Physician
- C. Audiologist
- D. Ear, Nose & Throat Physician

Screen Date – If the reporting facility screened the child and the child is included on the exception reporting form for any reason, indicate the date UNHS was conducted

Infant's

Hospital ID (MRN) – the medical record number of the child as established and maintained by the reporting facility

First Name – legal first name of the child

Last Name – legal last name of the child

Sex – indicate the child's sex

DOB – child's date of birth

Mother's

First Name – as on the reporting facility records

Last Name – as on the reporting facility records

Telephone – current phone number of the mother as on the reporting facility records

Primary Care Physician's

First Name – This is the child's **primary care physician** not the attending physician

Last Name – last name of the child's primary care physician

Telephone – contact phone number of the child's primary care physician

**Early Hearing Detection and Intervention Program
Indiana State Department of Health
Hospital/Birthing Facility
Monthly Summary Report**

Contact Information:

Date Completed: ____ / ____ / ____

Data Month/Year: ____ / ____

Hospital/Birthing Institution: _____

Address: _____

City/Zip: _____ / _____

Completed By: _____

Phone: _____

Fax: _____

Email: _____

Statistical Data:

Please provide the following information:

- ____ 1. Total number of Live Births in your facility during the month/year indicated above.
- ____ 2. Total number of Home Births receiving UNHS during month/year indicated above.
- ____ 3. Total number of Walk-Ins receiving UNHS at your facility during month/year indicated above.
- ____ 4. Add the values entered in lines 1, 2 and 3.
- ____ 5. Total number of children on line 4 who passed the UNHS screen and had no risk factors

Send completed report to:

**Director of Newborn Screening Programs
Indiana State Department of Health
2 North Meridian St., Section 7F
Indianapolis, IN 46204
FAX: (317) 234-2995
Call (317) 233-1266 or (888) 815-0006 for fax confirmation.**

For questions concerning the Monthly Summary Report, including participation in our on-line reporting system, please email Bess Godard at bgodard@isdh.IN.gov.

Month:

Not Screened Due To:

- | New Patient Intake: | 10. Transferred In From | 11. Passed | (Previously not screened or Transferred in) |
|---------------------|-------------------------|------------|---|
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A: First Steps	B: Primary Care Physician	C: Audiologist	D: Ear, Nose & Throat Physician
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